



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**INDEPENDENT/POLITICAL
COMMITTEE COVER PAGE**

FOR OFFICIAL USE ONLY

Report must be legible, typed or printed in ink and signed
by the treasurer or designated record keeper

1. Committee I.D. Number

138023

2. Committee Name

PROTECT OUR FUTURE MACOMB

3. This Statement covers From: 2/11/08 To 4/20/08

4. Committee's Mailing Address

18905 ENGLAND DR
MACOMB MI 48042

Area Code and Phone 586-203-8633

If the address in this box is different from the committee mailing address on the Statement of Organization, mail may be sent to this address by the filing official.

5. Treasurer's Name and Residential Address

NATHAN HLAVIN
18905 ENGLAND DR
MACOMB MI 48042

Area Code and Phone 586-203-8633

6. Treasurer's Business Address

Area Code and Phone 248-943-5247

7. Designated Record Keeper's Name and Mailing Address (If the committee has a Designated Record Keeper)

8. TYPE OF STATEMENT:

APPLICABLE TO INDEPENDENT AND POLITICAL
COMMITTEES REGISTERED ON STATE LEVEL

8a. TRIANNUAL STATEMENTS

Even Year

Odd Year

☐ April 25

☐ January 31

☐ July 25

☐ July 25

☐ October 25

☐ October 25

8b. QUARTERLY STATEMENTS

CAUCUS COMMITTEES (ONLY)

☐ January 31

☐ April 25

☐ July 25

☐ October 25

8c ☐ SPECIAL ELECTION INDEPENDENT
EXPENDITURE REPORT

APPLICABLE TO INDEPENDENT AND
POLITICAL COMMITTEES REGISTERED
ON COUNTY LEVEL

8d. ☐ ANNUAL STATEMENT
(_____ Coverage Year)

8e. ☒ PRE-ELECTION OR

8f. ☐ POST-ELECTION

Pre-Election or Post-Election
Statement relates to:

☐ PRIMARY

☐ GENERAL

☐ CONVENTION

☒ SCHOOL

☐ SPECIAL

☐ CAUCUS

Date of Election, Convention or Caucus:

APPLICABLE TO INDEPENDENT AND
POLITICAL COMMITTEES REGISTERED
ON

STATE AND COUNTY LEVEL

8g. ☒ AMENDMENT TO CAMPAIGN
STATEMENT

(Complete Item 8a, 8b, 8c 8d, 8e, 8f or 8h
to indicate which Statement is being
amended)

8h. ☐ DISSOLUTION OF COMMITTEE

Effective Date of Dissolution

By checking this item, I/We certify that
the committee has no asset or outstanding
debts, including late filing fees. Further, I
request that if the dissolution cannot be
granted, that this be considered a request for
the Reporting Waiver.

Note: The disposition of residual funds must
be reported on Schedule 2B and the
Summary Page.

A committee that does not have a Reporting Waiver must file all required Campaign Statements. The Campaign Statements must include all applicable Schedules. Direct contributions, in-kind contributions, loans, expenditures and outstanding debts count against the \$1,000 Reporting Waiver threshold. If any of the information listed in items 2, 4, 5, 6 or 7 has changed since the information was shown on the committee's Statement of Organization, an amendment to the Statement of Organization should accompany this Campaign Statement. If a request for a Reporting Waiver is not received on or before the filing deadline of a required campaign statement, that campaign statement can not be waived.

9. Verification: I certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of my knowledge and belief the contents are true, accurate and complete.

Current Treasurer or

NATHAN HLAVIN

Type or Print Name

Signature

Date

7/10/08



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number 138023
2. Committee Name PROTECT OUR FUTURE MICHIGAN

SUMMARY PAGE
INDEPENDENT OR POLITICAL COMMITTEE

RECEIPTS		Column I This Period	Column II Cumulative for Calendar Year
3. Contributions			
a. Itemized Contributions (Schedule 2A, Column 6 + Schedule 2A-2, Column 8)	(3a.) \$	<u>1467.05</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$	<u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$	<u>1467.05</u>	(18.) \$
4. Other Receipts (Schedule 2A-1, Column 6)	(4.) \$	<u>—</u>	(19.) \$
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add line 3c + Line 4)	(5.) \$	<u>1467.05</u>	(20.) \$
IN-KIND CONTRIBUTIONS			
6. In-Kind Contributions			
a. Itemized (Schedule 2-IK, Column 7)	(6a.) \$	<u>358.15</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(6b.) \$	<u>NOT APPLICABLE</u>	
7. TOTAL IN-KIND CONTRIBUTIONS (Add Line 6a + Line 6b)	(7.) \$	<u>358.15</u>	(21.) \$
EXPENDITURES			
8. Expenditures			
a. Itemized Direct (Schedule 2B, Column 7)	(8a.) \$	<u>304.55</u>	
b. Itemized Get-Out-the-Vote (Schedule B-G, Column 6)	(8b.) \$	<u>—</u>	
c. In-Kind Expenditures- Purchase of Goods or Services (Schedule 2B-2, Column 7)	(8c.) \$	<u>—</u>	
d. Unitemized (less than \$50.01 each - no Schedule)	(8d.) \$	<u>—</u>	
e. Subtotal of Expenditures	(8e.) \$	<u>304.55</u>	(22.) \$
9. Independent Expenditures (Schedule 2B-1, Column 7)	(9.) \$	<u>—</u>	(23.) \$
10. TOTAL EXPENDITURES (Add Line 8e + Line 9)	(10.) \$	<u>304.55</u>	(24.) \$
IN-KIND EXPENDITURES			
11. In-Kind Expenditures- Endorsements, Donations or Loans of Goods or Services (Schedule 2B-2, Column 8)	(11.) \$	<u>—</u>	(25.) \$
DEBTS AND OBLIGATIONS			
12. Debts and Obligations			
a. Owed by the Committee (Schedule 2E)	(12a.) \$	<u>—</u>	
b. Owed to the Committee (Schedule 2E)	(12b.) \$	<u>—</u>	
BALANCE STATEMENT			
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$	<u>—</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts - Column I)	(14.) +	<u>1467.05</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) =	<u>1467.05</u>	
16. Amount expended during reporting period (Line 10, Total Expenditures - Column I)	(16.) -	<u>304.55</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$	<u>1162.50</u>	*

*If your ending balance is negative, please recheck your math.



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED IN-KIND CONTRIBUTIONS
SCHEDULE 2-IK
INDEPENDENT OR POLITICAL COMMITTEE

1. Committee I. D. Number 138023

2. Committee Name _____

3. Name and Address from whom received If contribution is from an individual, enter last name first. Check box to indicate if contribution is from another Political Committee or Independent Committee (Both are commonly called PACs).	4. Type of In-Kind Contribution (Check applicable box) 5. Date of Receipt 6. Name & Address of Vendor from whom goods or services were purchased	7. Amount or Fair Market Value	8. Cumulative for Calendar Year (Through date in Item 5)
Contribution # 1 PAC Receipt? <input type="checkbox"/> YES Name & Address: <u>KEITH RENGERT</u> If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address: <input type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or guarantee of bank loan <input checked="" type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Others <input type="checkbox"/> Goods or Services Purchased by Others- LOAN Description <u>INFO CARDS</u> 5. DATE OF RECEIPT: <u>2/25/08</u> 6. VENDOR NAME & ADDRESS: <u>M&B SNAPICS</u> <u>67353 S. MAIN ST RICHMOND MI 48062</u>	\$ <u>53⁶⁰</u>	Click Here for Memo Itemization Type
Contribution # 2 PAC Receipt? <input type="checkbox"/> YES Name & Address: <u>NATHAN KLAVIN</u> <u>18905 ENGLAND DR</u> <u>MACOMB TOWNSHIP 48042</u> If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address: <input type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or guarantee of bank loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Others <input checked="" type="checkbox"/> Goods or Services Purchased by Others- LOAN Description <u>VOTER DATA</u> 5. DATE OF RECEIPT: <u>2/26/08</u> 6. VENDOR NAME & ADDRESS: <u>MACOMB COUNTY CLERK</u> <u>40 N. MAIN ST MT CLEMENS, MI 48042</u>	\$ <u>4.55</u>	Click Here for Memo Itemization Type
Contribution # 3 PAC Receipt? <input type="checkbox"/> YES Name & Address: <u>NATHAN KLAVIN</u> <u>18905 ENGLAND DR</u> <u>MACOMB TOWNSHIP 48042</u> If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address: <u>CIGER INC</u> <u>4000 TOWNCENTER, SUITE 1400</u> <u>SOUTHFIELD MI</u> <input checked="" type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or guarantee of bank loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Others <input checked="" type="checkbox"/> Goods or Services Purchased by Others- LOAN Description <u>PUNDRAISER</u> 5. DATE OF RECEIPT: _____ 6. VENDOR NAME & ADDRESS: <u>HAWLEN PUB</u> <u>48929 HAYES RD</u> <u>SHELBY TWP MI 48315</u>	\$ <u>300</u>	Click Here for Memo Itemization Type

Page Subtotal

358.15

Grand Total of all Schedules 2-IK
(Complete on last page of Schedule)

358.15

Enter this total
on line 6a of
Summary Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED DIRECT EXPENDITURES
SCHEDULE 2B
INDEPENDENT OR POLITICAL COMMITTEE

1. Committee I.D. Number 138023
2. Committee Name _____

3. Name and address of person or vendor to whom the expenditure was made	5. Candidate or Ballot Question Information	6. Date	7. Amount	8. Cumulative for Election or Election Cycle
Expenditure #1 Name & Address: <u>NATHAN ALVIN</u> <u>18905 ENGLAND DR</u> <u>MACOMB TOWNSHIP 48042</u>	5. _____ Name of Candidate Office Sought & District # or Jurisdiction <u>MACOMB</u> County <u>CHARTER</u> Ballot Proposal <input type="checkbox"/> Check box if expenditure is payment of Debt or Obligation reported on previous statement	<u>2/26/08</u> Date	<u>\$4.55</u>	
4. Purpose: <u>REIMBURSEMENT</u> <u>VOTER DATA</u> <input type="checkbox"/> Fund Raiser				Click Here for Memo Itemization Type <u>VOTER DATA</u>
Expenditure #2 Name & Address: <u>NATHAN ALVIN</u> <u>18905 ENGLAND DR</u> <u>MACOMB TOWNSHIP</u>	5. _____ Name of Candidate Office Sought & District # or Jurisdiction <u>MACOMB</u> County <u>CHARTER</u> Ballot Proposal <input type="checkbox"/> Check box if expenditure is payment of Debt or Obligation reported on previous statement	<u>3/15/08</u> Date	<u>\$300</u>	
4. Purpose: <u>REIMBURSEMENT</u> <u>FUNDRAISING</u> <input checked="" type="checkbox"/> Fund Raiser				Click Here for Memo Itemization Type
Expenditure #3 Name & Address:	5. _____ Name of Candidate Office Sought & District # or Jurisdiction County Ballot Proposal <input type="checkbox"/> Check box if expenditure is payment of Debt or Obligation reported on previous statement	_____ Date	\$ _____	
4. Purpose: _____ <input type="checkbox"/> Fund Raiser				Click Here for Memo Itemization Type
Expenditure #4 Name & Address:	5. _____ Name of Candidate Office Sought & District # or Jurisdiction County Ballot Proposal <input type="checkbox"/> Check box if expenditure is payment of Debt or Obligation reported on previous statement	_____ Date	\$ _____	
4. Purpose: _____ <input type="checkbox"/> Fund Raiser				Click Here for Memo Itemization Type

Subtotal this page

304.55

Grand Total of all Schedules 2B
(Complete on last page of Schedule)

304.55

Enter this total
on line 8a of the
Summary Page